

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		4-19-01
O.I.P.E. CLASSIFIER	TA	720	577101
FORMALITY REVIEW			06-104-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 : ..... Restricted      O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy